

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51			
2		1		1			52			
3		1		1			53			
4		1		1			54			
5		1		1			55			
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8		1		1			58			
9		1		1			59			
10		1		1			60			
11	1		1				61			
12		1		1			62			
13	1		1				63			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1		1				TOTAL IND.			
TOTAL DEP.	12	→	12	→		→	TOTAL DEP.	→	→	→
TOTAL CLAIMS	13		13				TOTAL CLAIMS			